

CITY OF WICHITA

EXCEPTION PAYMENT RECORD

Department Division  
Employee Name Social Security Number

- Instructions: Use this form to report absences lasting a full day if you are an Exempt employee not paid with grant funding. Exempt employees paid with federal grant funding are required to submit a time sheet to document work on the grant-funded positions.
1. Select appropriate Department, Division, and Pay Period Date Range from drop-down listings.

2. Enter Employee Name and Social Security Number (no dashes) in appropriate fields.

3. Enter the number of hours for each full-day absence on the line that describes the reason for the absence (or number of miles for which you are requesting mileage reimbursement).

4. PRINT this form and Sign and Date form on Signature and Date lines.

5. Give the completed, signed, and dated form to the supervisor for approval.

HED	DESCRIPTION	DATE	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL	HED	D C
																		#	9
007	Court Appearance																		
122	Car Mileage																		
160	Jury Duty																		
201	Vacation																		
210	Sick Leave - Personal																		
211	Sick Leave (Long Term)																		
212	Sick Leave - Accident																		
215	Sick Leave (Spouse)																		
216	Sick Leave (Child)																		
217	Sick Leave - Relative Living in Home																		
225	Kelly Day																		
228	Personal Holiday																		
231	Well Day																		
240	Emergency Leave																		
403	Injury Leave																		

Date Signature Entered By

Approval Signature Session ID